

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1962

-62-046314

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 488

VS 300
Rev. 4/59b269
2630

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Mo		c. CITY OR TOWN Argyle, Missouri	
Length of stay in 1b 2 days		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hospital		d. STREET ADDRESS (If outside, give location) Argyle Rural Route	
3. NAME OF DECEASED (Type or print) First Louise Middle Louise Last Koerber		4. DATE OF DEATH Month Dec Day 17 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 14 Sep 1896
9. AGE (last birthday) 66		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY House keeping	
11. BIRTHPLACE (City and state or country) Osage Co Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herman Leucke		13b. MOTHER'S MAIDEN NAME Mary Reneke	
14. NAME OF HUSBAND OR WIFE George Koerber Koerber		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Sylvester Koerber Argyle, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) hypertension			INTERVAL BETWEEN ONSET AND DEATH 24 hrs year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralytic Disease			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:05 a.m. p.m. PM	Month, Day, Year Dec 16/62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Vienna, Missouri	
21. I attended the deceased from Dec 16/62 to Dec 17/62 and last saw her alive on Dec 17/62 Death occurred at 4:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Green E. Taylor M.D.		22b. ADDRESS Jefferson City	
22c. DATE SIGNED 12-17-62		22d. LOCATION (City, town, or county) Vienna, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 20 Dec 62	23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetery	
24. FUNERAL DIRECTOR Birmingham Funeral Home Vienna, Mo		25. DATE RECD. BY LOCAL REG. 19 December 1962	
26. REGISTRAR'S SIGNATURE RPN Harris			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 26 1962

JAN 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

McBirmingham

Licensed Embalmer No.

3664

P. O. Address

Summa Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.